


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005785**  
 1. Entity Name  
**LA ROMANA EMERGENCY RELIEF FUND, INC.**



Principal Place of Business      Mailing Address  
**5900 NORTH ANDREWS AVE., STE 1000**      **5900 NORTH ANDREWS AVE., STE 1000**  
**FORT LAUDERDALE, FL 33309**      **FORT LAUDERDALE, FL 33309**



01192006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0867290**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ODDO, ROBERT
STREET ADDRESS	4410 N STATE RD 7, STE 100, BLDG J
CITY - ST - ZIP	FORT LAUDERDALE, FL 33319
TITLE	VPD
NAME	FOLZ, THEO W
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY - ST - ZIP	FORT LAUDERDALE, FL
TITLE	SD
NAME	ELLIS, GARY R
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY - ST - ZIP	FORT LAUDERDALE, FL
TITLE	PD
NAME	AIELLO, MELISSA
STREET ADDRESS	5900 NORTH ANDREWS AVENUE
CITY - ST - ZIP	FORT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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UN0000444988  
 03/17/06-80025-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       2-17-06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #